(703) 584-8678 www.fcclaw.com



May 9, 2018

Via ECFS

Rodger Woock, Chief Industry Analysis and Technology Division Wireline Competition Bureau Federal Communications Commission 445 12th Street, S.W. Washington, D.C. 20554

Re:

Annual Employment Report 2018

FCC Form 395

WC Docket No. 16-233

Dear Mr. Woock:

On behalf of Cellular Network Partnership, An Oklahoma Limited Partnership, submitted herewith is the company's Common Carrier Annual Employment Report for 2018.

Should any questions arise with respect to this matter, you are welcome to communicate directly with this office.

Very truly yours,

Pamela L. Gist

FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est, time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

					ricase ieau ii	isuucuons ber	ore complete	ng and for Not	ice regarding p	Jabiic Darde	11.]					
SECTION 1 - General Informati																
1. Name and Mailing Address of	Respon	ndent														
Cellular Network Partnership, a Limited Partnership PO Box 539 Kingfisher, OK 73750													Check here if this is a change of address.			
2. Year Report Filed		ing Date of Pa	ly				ime Employees during Selected									
2018				vered by Re $/2018$	port)			Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV. and V only) b. 16 or more (complete all sections)								
SECTION II - Full-Time Employ	rees.															
Job									ber of Employ oyees in only o		()					
		Race/Ethnicity														
Categories			nic or		Not-Hispanic or Latino											Total
		Latino		Male						Female						Columns A - N
	,	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	6.11
		Α	В	С	O	E	F	G	н	1	J	к	L	M	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0

SECTION III - Part-Time Emp		Number of Employees (Report employees in only one category)														
Job Categories	F	Race/Ethnicity														
	T	Hispanic or Latino		Not-Hispanic or Latino												
				Male								Fen	male			Columns A - N
	Male	Male	Female	emale White	e Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	В															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11															0
SECTION IV - Report of Disc	rimina	ation Comp	olaints Pursu	ant to 47 CF	R 22,321, 23.	55, 90,168, 10	1.4, and 101	1.311.								
This is to advise company before This is to advise (Attach a list indi	any bo the Co	dy having o mmission t	competent juri:	sdiction in su ng complaint	ch matters du alleging viola	ring the calend ations of the pr	lar year cow rovisions of a	ered by this re any equal emp	port. Noyment oppo	rtunity statut	e have been f	iled against thi	s company.			
SECTION V - Certification I certify that to the best of my	knowle	edge, inform	nation, and be	lief, all staten	nents in this re	eport are true a	and correct.									
Date	100	yped or Printed Name of Person Signing					Signature		7.	0		Telephone No.				
5/7/18	Rie	Richard Ruhl							ulto		(405) 375-4111 ISONMENT (18 U.S.C. 1001) AND/OR REVOCATION					
Title of Person Signing General Manager	OF ANY ST	Y FALSE STAT	ISE OR COM	NSTRUCTION	S FORM ARE PERMIT (47	U.S.C. 312 (A)(1) AND/OF	ND/OR IMPRI R FORFEITUR	E (47 U.S.C	. 503).	JI) AND/OR H	EVOCATION				